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By-Sebald, Dorothy Davis

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A New York City program offering clinical and guidance services to parochial school children is discussed in this evaluation of an Elementary and Secondary Education Act (ESEA) Title I project. The program was operated by the Board of Education and was to offer services comparable to those in the public schools. Based on data gathered by evaluation instruments, observation, interviews, and certain supplemental information, it was clear that the program suffered most from staffing shortages which made it impossible to achieve the stated goals of the project. Moreover, the ratio of professional to pupil was far too high. Other difficulties involved differences in culture, religion, and educational practices between the professionals and the parochial schools. Also reported are problems of administration, lack of teacher orientation, articulation and communication between related programs, and inadequate facilities and materials. The project has potential and many participants felt it was valuable. However, adjustments in policy and practice are needed. For a history and description of ESEA Title I in New York City, 1965-1968, see UD 007 904. (NH)

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EVALUATION OF NEW YORK CITY TITLE I EDUCATIONAL PROJECTS 1966-67

INSCHOOL GUIDANCE FOR DISADVANTAGED PUPILS IN NONPUBLIC SCHOOLS

By Dorothy Davis Sebald

September 1967

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The Center For Urban Education
33 West 42nd St., New York, N.Y. 10036

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

Center for Urban Education
33 West 42nd Street
New York, New York 10036

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INSCHOOL GUIDANCE FOR DISADVANTAGED PUPILS IN NONPUBLIC SCHOOLS

Dorothy Davis Sebald

Evaluation of a New York City school district educational project funded under Title I of the Elementary and Secondary Education Act of 1965 (PL 89-10), performed under contract with the Board of Education of the City of New York for the 1966-67 school year.

Committee on Field Research and Evaluation
Joseph Krevisky, Assistant Director

September 1967

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I. DESCRIPTION OF PROJECT *

Under Title I of the Elementary and Secondary Education Act of 1965, the Board of Education of the City of New York was empowered to provide an integrated program of clinical and guidance services to disadvantaged children in nonpublic schools. This program was designed to offer professional clinical and guidance services similar to those offered to public school pupils in disadvantaged areas of New York City, with policies, practices, and procedures in accordance with those detailed in manuals and other published statements of two bureaus of the Board of Education: the Bureau of Child Guidance, and the Bureau of Educational and Vocational Guidance.

The nonpublic schools selected for inclusion in this project, entitled ESEA Title I, Inschool Guidance for Disadvantaged Pupils in Nonpublic Schools, are in attendance areas with a high concentration of low-income families and enroll many disadvantaged children who require special educational services.

The board objectives of the project were to provide a day program of clinical and guidance services to the population of the nonpublic schools in the program. The inschool program was designed to meet the varied needs of children - educational achievement, motivation, personal adjustment to family and community, development of the concept of self-worth, and wholesome mental health. It was proposed that the clinical and guidance services be provided by two types of activity:

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* This section is an abridged version of the project proposal prepared by the Board of Education of the City of New York.

1. Clinical and guidance services in nonpublic schools, with all inschool personnel to be professionally and appropriately trained for these functions;
2. Orientation of both the staffs of the nonpublic schools and the professional personnel of the centers (schools) designed to acquaint them with the program and the needs of the population to be served.

The staff for the project as a whole was to have included the following: two part-time psychiatrists, 18 full-time school social workers 18 full-time school psychologists, 44 educational and vocational counselor positions (some to be filled on a full-time and others on a part-time basis), 9 typists, and 6 stenographers. Supervision was to have included two supervisors of guidance, one supervisor of school social workers, one supervisor of school psychologists, two stenographers, and one typist.

Through these services the following proposal objectives were to be achieved:

1. to improve self-image, and social and emotional stability;
2. to improve attitudes toward school and education;
3. to raise occupational and aspirational levels;
4. to improve average daily attendance.

In addition, through improved educational functioning of disadvantaged children, including large numbers of children of minority ethnic groups, it was expected that the academic advancement of the children would contribute to quality integrated education.

Records and reports were included as an essential procedural function of the project and were to follow established forms. Each member of the professional clinical and guidance team maintained a daily log of his activities which served as a summary of the activities of the school. In addition, records of questionnaires and interviews with pupils, teachers, administrators, supervisors, parents, and others were maintained.

The facilities used by inschool professional personnel were those available in the nonpublic schools for their ongoing activities. The project provided for extra equipment to be used by the professional inschool staff. Provision was made for each psychologist to have complete test materials. Four typewriters for use by secretaries in the central office and suitable desks and file cabinets to lock confidential case material also were provided in the proposal. Each central office was to be provided with general office supplies and a telephone. In addition, supervisory and coordinating staffs were provided, in the proposal, with supplies, office furniture, and equipment.

An evaluation was included as an integral part of the project. The Center for Urban Education, an established educational research agency, was designated for this function. Final plans for this evaluation were submitted to state and federal authorities to become a part of the proposal. As guides for the evaluation of this project, the proposal suggested the following activities: observation of operations, staffing, equipment, record keeping, and the general climate of the guidance unit.

II. EVALUATION DESIGN

The Center for Urban Education, designated by the Board of Education of the City of New York as an impartial research agency, appointed a committee charged with the responsibility of observing, describing, reporting, and evaluating the clinical and guidance services for disadvantaged pupils in nonpublic schools in New York City in areas described as affected by federal activity in the Elementary and Secondary School Act of 1965. The services to be evaluated were those described in the previous section.

The committee consisted of persons professionally trained in educational or clinical psychology, experienced in research, and presently or formerly engaged in supervisory or administrative capacities. All had close contact with clinical counseling agencies and currently were engaged in education of counselors and/or psychologists.

The evaluation design was submitted to the Center for Urban Education for its information and approval, and presented at a joint meeting of the evaluation committee, and the Bureaus of Child Guidance and of Educational and Vocational Guidance for their information.

I. Objectives

A. To ascertain whether the actual implementation of the project fulfilled the objectives of the project proposal:

1. to improve self-image and social and emotional stability;
2. to improve attitude toward school and education;
3. to raise occupational and aspirational levels;

4. to improve average daily attendance;

5. to improve the children's emotional and social stability.

B. To ascertain whether the implementation of the inschool guidance and clinical services was in accordance with the procedures outlined in the project proposal.

C. To ascertain the degree to which the services provided met the expectations of the principals of the nonpublic schools in meeting the needs of their pupils.

D. To evaluate the degree of understanding and cooperation between the Board of Education staff members providing inschool services and the staffs of the nonpublic schools.

E. To discover strengths and weaknesses of the program.

F. To report objectively the findings obtained through observation, interview, survey, and study.

G. To suggest and recommend possible changes in implementation of the project with a view to emphasizing strengths and correcting weaknesses.

II. Methodology

A. Evaluation Instruments.

The Committee proposed to employ certain evaluative devices on a sampling basis and some on the basis of the entire staff population participating in the project.

1. Instruments to be used on a broad basis included questionnaires developed to obtain scaled reactions to all aspects of the project with separate forms designed particularly for:

   a. principals of the participating schools;
   b. teachers in the participating schools;
   c. Board of Education staff members providing services in the schools.

2. Instruments to be used on a sampling basis included:

   a. a school observation schedule, designed to evaluate the educational and social climate of the school;
   b. inventories to ascertain the educational and vocational aspirations of selected children;
   c. interview guides designed particularly for:
      1. principals of participating schools,
      2. teachers,
      3. Board of Education staff members providing services.

B. Observation.

Selected nonpublic schools were visited both during the hours of the inschool guidance program and at other times. Although the primary purpose of these visits was to interview principals and staff members of the schools and the clinical and guidance personnel providing services, there was also opportunity for observing facilities and equipment, the type of child attending the school, differences in religious and/or cultural mores, and the educational and social climate of the school. The schools selected for visitation were drawn from a stratified sample of the participating schools, based upon religious denomination, ethnic representation, and area of the city.

C. Interview.

1. Principals and teachers of selected participating schools were interviewed:

    a. to gain information concerning their expectations of the services provided, their perceptions of the needs of the pupils in their schools, and their experiences with and knowledge of the clinical and guidance services available;

    b. to ascertain the perceived effect of the project upon clinical and guidance services to children in their schools;

    c. to ascertain the awareness of the parents and the local community of the services available;

    d. to ascertain the effects anticipated by the principals on both pupils and teaching staffs by reason of participation in the project.

Insofar as possible, the interviews mentioned above were followed by second interviews to obtain data to evaluate the extent to which expectations were realized.

2. Selected project staff members providing services in participating nonpublic schools were interviewed to obtain their estimate of:

    a. the organization and operation of the services they were assigned to provide;

   b. the contribution made by their services to the emotional, social, and educational adjustment of the pupils in the schools they served;

   c. the effect of their services upon the mental health and guidance practices of the teaching staffs in the schools they served;

   d. the effect of their services upon the parents of the pupils receiving their services.

3. Interviews with selected parents and children.

D. Supplemental Data (provided in large measure by the project co-directors).

1. Number and locations of proposed and actual participating schools, with reasons for difference in number

2. Staff assigned to provide inschool services

3. Number of children given service in each school with the following information indicated for each:

   a. presenting problem (reason for referral)

   b. service rendered

   c. socioeconomic status

   d. disposition of case

4. Number and type of parent contacts made

5. In-service training provided for nonpublic school staffs by Board of Education staff members

6. Description of all services offered, and those accepted in each school

III. DESCRIPTION OF THE INSTRUMENTS

Data Collection

The evaluation committee collected data for its findings through three primary sources: observations in nonpublic schools; interviews with key personnel; and questionnaires sent to all participants. The committee designed five instruments in order to collect data for the evaluation process. These instruments were:

1. Observation Guide for Inschool Services
2. Interviewing Guide for Use with Nonpublic School Administrators
3. Questionnaire for Inschool Clinical and Guidance Staff
4. Questionnaire for Nonpublic School Principals
5. Questionnaire for Supervisory Personnel

Copies of these instruments appear in Appendix B of this report.

The evaluation committee visited a random sample of approximately 20 per cent of the schools participating in the inschool project. The first two instruments were designed to assist the committee members on these field visits.

The Observation Guide for Inschool Services was used by the committee to record impressions gained and to report comments, attitudes, suggestions, recommendations, evaluations, and reactions of inschool professional workers and nonpublic school teaching staffs. Data concerning facilities, equipment, and school climate were included in the observation report. Most important was information concerning the type and scope of services being offered in the school by the workers and the degree to which services were accepted. Also noted were the interaction of the staff members with the professional workers, the degree of understanding of project aims and goals, the religious and/or cultural mores of the school and its pupils, and the overall school atmosphere (see Appendix B).

The Interviewing Guide for Use with Nonpublic School Administrators was used by the committee while interviewing principals of nonpublic schools. Impressions of the climate of the school, the educational philosophy, the population of the school, parent attitudes toward the school and the project, and understandings of the aims and goals of the school were recorded. The principals' perceptions of the value of the services offered were noted carefully, as were the areas of possible friction or misunderstanding arising from the inclusion of clinical and guidance services in the schools. The principals' perception of the structure, organization, and operation of the project were noted, as were the principals' statements of the needs of the pupils in the schools (see Appendix B).

The Questionnaire Survey was conducted among all principals of the participating nonpublic schools, all professional staff members employed in the inschool project, and all project supervisory personnel (see Appendix B). The questionnaires were designed to obtain data concerning participants' perceptions of the inschool program, both as to its purposes and the achievement of its stated goals. Specifically, the evaluation committee was interested in how the respondents perceived the contribution of the program to the growth, development and mental health of the nonpublic school pupils; the type and quality of the services offered; the cooperation of staff; the quality and availability of supervision; the response of parents and community; the types of problems presented by pupils; and the working environment and facilities.

The questionnaires were designed in parallel format, providing the opportunity to compare the perceptions of different disciplines to identical items. Items were weighted to provide opportunity for degrees of agreement or disagreement, thus providing more precise data.

Each professional worker, principal, and supervisor was sent a questionnaire with a return stamped envelope. The following returns were received by the committee:

PRINCIPALS' RESPONSE

Number of Participating Schools	Number of Returned Questionnaires	Percentage of Response
149	114	77%

PROFESSIONAL STAFF MEMBERS' RESPONSE

Inschool Staff Member	Number in Program	Number of Responses	Percentage of Response
Guidance Counselors	73	53	73%
Social Workers	13	12	92
Supervisors (G.C.)	2	2	100
Supervisors (S.W.)	1	1	100
Psychiatrists	1	1	100
Psychologists	0	-	-
TOTAL	90	69	77%

Seventy-seven per cent of all the staff members involved in the inschool project returned the questionnaire. Of the 69 professional workers responding, 53 were guidance counselors and 12 were social workers. It should be noted that of the 73 counselors contacted, many were employed for relatively short periods of time and apparently felt that their responses were not significant. Representing 77 per cent of the 149 nonpublic schools that were in the project, 114 principals returned the questionnaire. The responses of the staff members and the principals to each questionnaire item are shown as weighted averages in the tables in Appendix A.

In filling out the questionnaire, each respondent was given five possible options. They were as follows:

Code					
0	not applicable	cannot respond	insufficient knowledge		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Some of the questions required a qualitative response (good, fair, excellent), while others demanded a quantitative one (never, in several cases, etc.). The response "0" was used for "insufficient knowledge," "not applicable," or "cannot respond" type of replies.

The weighted average for each questionnaire item was computed for each discipline, thus indicating the differences among the perceptions of counselors, social workers, and principals on these items. The possible range of weighted averages was between 1.0 and 4.0. The weighted average also indicated the perceptions held by discipline on the degree to which each activity was engaged in or the success or lack of success of the activity.

Further knowledge of the perceptions of the project staff and the nonpublic school principals was obtained from the open-ended questions at the end of each questionnaire. These responses are reported in an appropriate section in chapter IV.

IV. FINDINGS AND RECOMMENDATIONS

A. Implementation

The implementation of this project was a challenging assignment for the co-directors of the project and the professional staffs they directed, and for the administrators and staffs of the nonpublic schools. Because of the innovative nature of the project, problems arose that were impossible to anticipate, forestall, or remedy. Because of the philosophical, cultural, academic, and linguistic differences among the participating schools, an unusual degree of flexibility, willingness to learn and adapt, sensitivity to the needs of others, tolerance, patience, and ingenuity were required of all participants.

Mrs. Marion Fullen, representing the Bureau of Educational and Vocational Guidance, and Dr. Richard Johnson, representing the Bureau of Child Guidance, are to be highly commended for their professional competence, skill in interpersonal relationships, inventiveness, and success in problem solving.

In comparable degree, the administrators of the participating nonpublic schools are to be commended for their cooperation, their willingness to receive new and untried services in their schools, their tolerance of delay, their forbearance of changes in routine which were necessitated by the establishment of the services, and for their ability to assimilate and learn to use effectively the services offered.

General Considerations

The project, designed to provide clinical and guidance services for pupils attending 184 nonpublic schools in the five boroughs of New York City, presupposed the willingness and ability of two educational entities - the public and nonpublic schools - to work together cooperatively toward the common goal of providing these services in a nonpublic school setting and using persons professionally trained but often unfamiliar with the settings in which they were to work. That the assumption was warranted was attested to by the positive results achieved despite the problems that beset the project.

There were problems of communication, articulation, scheduling, interpersonal relations, lack of understanding of the goals and procedures (on the part of both program and nonpublic school personnel), housing, material shortages, staffing, and implementation. Some of the problems were superficial; others were deeply significant to the success or failure of the program.

Almost without exception, however, solutions to the problems were mutually explored with a minimum of resentment, annoyance, or rancor, and the work of implementing the program and providing effective services to disadvantaged children went forward. Instances of withdrawal from the program, lack of cooperation, misunderstanding, lack of interest, or active opposition to the program were comparatively few and were offset by the efforts of most of the participants to find ways of making the program a success.

A great majority of the participants were enthusiastic concerning the value of the program to large numbers of nonpublic school pupils who otherwise would have little or no access to clinical or guidance services, and despite the problems encountered urged continuation and expansion of the project.

Almost all the participating schools were parochial schools of various religious denominations. Within a particular religious denomination, moreover, were degrees of stringency in philosophy and conduct that determined in large measure the extent to which the services outlined by the project proposal were acceptable or nonacceptable to specific schools. Some school leaders were reluctant to allow professional workers of a different faith or who had a different life style, to enter into communication with their pupils on either a clinical or a guidance level. A few parents in these schools expressed concern that the cultural and religious teachings of the denominational school might be weakened by contact with outside workers.

Concern also was expressed that workers entering nonpublic schools in a professional capacity might not readily understand philosophical bases for certain educational procedures at the schools, and so make hasty and erroneous judgments concerning them. A major concern of some nonpublic school leaders seemed to be that their pupils could not be given maximal help and guidance by persons who did not know or share the cultural and religious background of the children. Conversely, a concern of some professional workers in the nonpublic schools was their strong conviction that professionally trained workers should have the prerogative as well as the responsibility of recommending and working toward environmental change when they felt that the pupil's future development was threatened.

Concepts of type and scope of helping services may lose strength and vigor if opposing or antithetical philosophies are held by leaders of nonpublic schools, parents, members of the communities in which the pupils live, professional workers, or society-at-large. The question arises, then, as to how growth, development, adjustment, and learning of pupils can be evaluated and by whom such an evaluation should be made. The relative values of clinical and guidance services for children from differing environments cannot be computed statistically, nor even in specific terms of "change." Often what appears to the professional worker to be increased adjustment and growth of a pupil may be viewed by a parent or school administrator as deepened maladjustment. Conversely, what appears to parent or school administrator to be increased adjustment to home or school may be viewed with alarm by the professional worker.

The value of the services to the pupil, then, must be considered in various ways - his functioning in his home, school, and community; his potential for functioning in a different environment; his increased self-esteem; his increased learning ability, increased knowledge of the educational and work world, and increased ability to relate effectively to his peers and the adults in his life situation. Best able to sense, observe, and gain some measure of these factors are the persons most closely involved with the child: the parent, the teacher, the school principal, and the professional worker. Since no precise objective measures applicable to these widely differing children could be devised, it was necessary for the evaluating committee to rely on the judgments of these persons as to whether changes in a positive direction (as they viewed it) had occurred in individual children or groups of children.

Disadvantaged children vary widely in every way - culture, sophistication, intelligence, personality traits, religion, language, health, life style, parental attitude, and training, among others. To arrive at a full understanding of the satisfaction of needs of such children is a never ending task beyond the scope of this evaluation.

The committee found through observation and interview that nonpublic school staff and program workers alike were keenly sensitive about the need to accommodate to differences, and strove in most instances to understand more fully the philosophy and life goals of the children and adults. There seemed to be agreement among the participants that maximal latitude should be given to administrators of nonpublic schools in the ways in which they could best use the services offered to them. It was accepted generally that professionally trained workers should be expected to work creatively and professionally within the limits of varying philosophies, adapting their skills to the needs of pupils within the boundaries of the philosophy of the schools to which they were assigned. A question might be raised here of the need for extension of dialogues between leaders of the nonpublic schools and the designers of future projects to ensure that allowances for differences in attitude toward type and use of services and possible variations in implementation of the program are incorporated in future projects during the planning stages.

Staffing Patterns

The most serious problem confronting the co-directors of the project was that of staffing. Recruitment of staff for the project proved to be far more difficult than had been anticipated; hence, many schools were without service for most of the year. Because of staffing policy set by the bureaus involved in the project, no psychologists were available for service in the nonpublic schools. Social workers were in short supply and were inexperienced in school social work in nonpublic schools. Counselors were in greater supply although the number available did not nearly meet the needs of the project.

The professional staff proposed for this project was to be professionally and appropriately trained in their respective disciplines and included the following full-time equivalent positions: 44 educational and vocational counselors; 18 school social workers; 18 school psychologists; 2 supervisors of guidance; 1 supervisor of school social work; and 1 supervisor of school psychologists. In addition, two psychiatrists were to serve on a part-time basis for consultation.

Of the 184 schools designated to participate in the inschool project, 149, or 81 per cent, actually received some service during the year for varying periods of time. Thirty-five schools were not participants in the project, five from choice. The average number of days of service was 23 days for each of the 149 participating schools. Of the 149 schools serviced, many of these received the services long after the program started. For example, only 99 of the schools had a guidance counselor by December 5, 1966.

The program proposed the equivalent of 84 full-time positions and 2 part-time positions. On the basis of the student population to be served the proposed staffing pattern was a ratio of one counseling position for every 2,160 pupils and one psychologist and one social worker for every 5,287 pupils. While this staffing pattern was minimal, the inschool project was designed to be supplemented by the clinical and guidance program offered in the evening centers. The following table indicates the staffing pattern for the project.

IMPLEMENTATION OF STAFFING PATTERNS FOR THE IN-SCHOOL PROJECT

Position	No. of Full-time Equivalent Personnel Proposed	No. of Full-time Equivalent Personnel Actually Employed	Percentage
Guidance Counselors	44	12.6	29%
Supervisors (G.C.)	2	2	100%
Social Workers	18	12.6	72%
Supervisors (S.W.)	1	1	100%
Psychologists	18	0	--
Supervisor (Psych.)	1	0	--
Psychiatrists	2 p/t	1 p/t	50%
Totals	84 f/t 2 p/t	28.2 f/t 1 p/t	34% 50%

In actuality, only 34 per cent of the 84 full-time equivalent positions were filled. This resulted in a staffing pattern that was far below the ratio of 2000 pupils to one counselor, 5000 pupils to one social worker, and 5000 pupils to one psychologist as planned in the project proposal. The evaluation committee concludes that the ratio of counselors, social workers, and psychologists to pupils was inadequate for accomplishing the objectives of this program as they were outlined. The ratios proposed by the project do not meet professional standards for what is considered minimal service for "normal" children. For children who are socially and culturally handicapped, the ratios indicated in the project proposalwould provide, under the best of conditions, only minimal possibility of success in meeting the objectives of the program.

The project proposal called for the equivalent of 44 full-time guidance counselors. In actuality, the equivalent of 12.6 of these positions was filled; the services of 73 part-time counselors were required for these full-time equivalent positions. This shortage of personnel meant that of the 149 schools in the project, the average number of days of service per school was approximately 23 days for the entire school year. A counselor working 23 days of the school year in any school can hardly be expected to accomplish the objectives outlined in the proposal.

The project proposal called for the equivalent of 18 full-time social workers. In actuality the equivalent of 12.6 positions was filled by the services of 13 social workers. The allotment of 18 social workers to 184 schools meant that each person would be expected to serve more than 10 schools. The actual figure of 13 filled positions meant that of the 149 schools serviced, each social worker had to service approximately 11 schools. This pace left most social workers tired and frustrated but, surprisingly enough, enthusiastic concerning the value of the endeavor. However, with school holidays considered, some schools hardly saw their assigned social worker.

The project proposal called for the equivalent of 18 full-time school psychologists. In actuality none of these positions was filled.

The project proposal also called for the equivalent of two supervisors of guidance, one supervisor of social work, and one supervisor of psychology. The psychology position was not filled. In practice the committee found that the supervisors had far too many staff members to supervise. The large number of schools each supervisor had to visit and the travel time involved meant that the supervisors were not able to give as much supervision as they or their staff felt was necessary.

Since the project coordinators were told to recruit staff without interfering with the recruitment process for regular positions with the Board of Education, and since shortages apparently existed in all disciplines involved in this project, staffing was a major problem.

Many of the staff were part-time workers who met the minimal requirements of experience and academic preparation required by the Board of Education. These people were then placed in a position of being the sole professional clinical or guidance worker in a nonpublic school located in a disadvantaged area. The fact that the program met with overwhelming endorsement by the principals and the professional workers themselves, despite these conditions, is somewhat surprising and is a tribute to the flexibility of the part-time workers and to the supervision they received.

The inschool project proposal did not include provisions for onsite secretarial service to the participating schools nor to the assigned counselors. This meant that the additional paper work required for both this project and the evening center project became burdensome for many overworked principals and resulted in a considerable amount of lost professional time by the school counselors.

Articulation and Communication

The project proposal made special mention of the need for good communication and articulation but this proved difficult to implement. Communication between inschool staff and evening center personnel, between inschool staff and nonpublic school administrators, between inschool staff and outside agencies, and between inschool staff and parents became a matter of individual resourcefulness rather than the planned communication of the program proposal. The orientation of professional inschool clinical and guidance staff which had been planned carefully by the co-directors of the program as a means of fostering communication was not implemented because of the varying times programs were instituted in the schools, the turnover of professional staff, and limited supervision.

This lack of orientation was especially serious since it involved matters vital to the effective implementation of the program. Such matters as a thorough understanding of the aims and goals of the project; knowledge of the philosophy of the nonpublic school as well as its educational procedures; understanding of the role and function of the professional worker in a nonpublic school; orientation to the culture and mores of the communities in which the pupils live; and particularly the relation of the inschool project to the evening clinical and guidance centers were either discussed with an individual worker when he was employed or the assumption was made that he did not need such orientation.

Communication with the evening clinical and guidance centers was especially important because of the necessity to work cooperatively for rapid referral and treatment. Working hours for the inschool staff and the evening center staff did not coincide; therefore, communication was difficult and at times impossible. Either the inschool staff member contacted the evening center worker at his full-time day assignment, thus usurping time belonging to pupils of the public schools or to agency patients, or he contacted the evening center during time for which he was not being paid. In either case the contact was an unofficial one that was imposed by the conditions of the project proposal.

Referral procedures caused other kinds of communication problems. Referral procedures to evening centers were not uniform, and evening centers varied in their systems of accepting referrals from inschool centers. Inschool workers reported that often children were screened by several workers before treatment was actually begun, or were placed on waiting lists without notification to the inschool worker. Parents who had been carefully prepared for referral and who expected early acceptance lost interest in attending the evening center or became annoyed at the inschool worker or school administrator for what appeared to be lack of action. Administrators who had been led to believe that there would be prompt acceptance of children at the evening center through the inschool worker lost confidence in his effectiveness.

Evening center personnel stated that referral material from the nonpublic schools was meager and often of little value in expediting service to the child. Often all that was received by the center were identification data of birthdate, parentage, and grade level. Inschool personnel stated that there was little or no feedback on children referred to the center and that often they did not know that a referred child had not kept appointments made for him.

Evening center staff stated that no provisions were made for forwarding information about a child from the nonpublic school while he was under treatment at the center. Both feedback and feedin concerning the child were minimal in many cases.

Communication also broke down when referrals to an evening center from an inschool center were not honored. It was felt that professional referrals either from a social worker or a counselor should be accepted as bona fide and without question. It was felt also that there should be uniform referral forms and procedures and that the entire referral system should be examined.

Communication with the administrators of the schools sometimes presented problems. Inschool workers did not always understand why certain routines and procedures were observed in the schools and often there was no dialogue between the administrator and the worker. When this occurred the worker was limited in the services he could offer.

Lack of communication sometimes resulted in the unintentional disruption of classroom activities by the worker. When more than one project was operating in the school on the same day, several children might be withdrawn from a particular classroom at the same time, or a particular child might be away from his classroom for the better part of a day engaged in a number of different project activities.

Communication with teachers of the nonpublic schools was enhanced when they thoroughly understood the objectives of the project. At times teachers had only a vague idea of the workers' role in the school and of the services offered to the pupils. In those schools where paths of communication were open the teachers and workers together planned effectively for all children.

Communication with parents and members of the community required a special skill on the part of the clinical and guidance worker. Here the question of linguistics was of major importance since English is a second language for many parents and children in nonpublic schools and one in which they are not proficient. The worker who had a knowledge of the language of the school or home was able to reach the parent and gain his cooperation in helping the child, was able to gain information about the child, or to give information to the parent, and was able to talk to the parent about his own problems in relation to his child.

For these reasons it is strongly recommended that whereever possible workers should be assigned to a school in which their language ability could be utilized. Lacking this, experiments should be tried using community members as interpreters, as is done in many other projects.

The problem of articulation of this project with other inschool projects should receive attention, not from the inschool workers alone, but from the designers of project proposals. Duplication of service to some children to the exclusion of service to others might be avoided if there was an opportunity for clearance of cases in a school or through a central facility.

Responses given on questionnaires differed somewhat from those obtained in interviews. A summary of questionnaire responses concerning articulation and communication follows.

The responses of the staff members and the principals to individual items of the questionnaire dealing with articulation and communication are reported in Table 1 of Appendix A.

The principals of the participating schools and the staff members of the inschool project gave positive ratings to a number of items on the questionnaire concerned with articulation and communication. They all indicated that they thought they themselves were aware of the objectives of the program; that the assigned personnel were familiar with the sociocultural background of the student population; that there was frequent contact between the project members and the staff members of the nonpublic schools; and that communication between the project staff and the school staff was fairly good.

The principals and the counselors reported that they were well oriented to the roles that they were expected to perform in this program; however, the social workers indicated that their orientation was only fair.

The principals thought that they understood the aims and procedures of the inschool program fairly well, whereas the counselors thought that the participating school principals' understanding was moderate and the social workers perceived the principals' understanding as fairly limited. A similar pattern was observed in terms of planning the services. The principals perceived that there was a considerable amount of cooperation in planning the services while the project staff felt that this cooperation was more limited.

All three groups reported that they experienced little difficulty in working with staff members of the project and the school. Both the principals and the counselors reported that the referral forms were quite adequate for their use, whereas the social social workers felt that the forms were of limited use. The counselors and social workers on the inschool project indicated that they had rather poor communication with the evening center staff.

Working Environments and Facilities

Housing of the professional workers presented problems not only for the workers themselves but for the administrators of the nonpublic schools. In many nonpublic schools structural changes were made in order to provide a comfortable working space with privacy. In other schools no provisions were made for the workers, and it was necessary for them to carry on their professional activities in corners of classrooms, busy offices, or in a few instances, in basements, supply closets, or a corner of the cafeteria. In fairness to the nonpublic schools it should be noted that lack of provision of space in these instances was due not to callousness but to lack of understanding of the functions of the workers and their need for privacy, or to a real absence or shortage of space. In many instances two or more workers from special projects were in small schools at the same time, and administrators found it impossible to provide enough space or privacy for each. In some instances space was at such a premium that workers shared the administrator's own office, and sometimes with a clerk or volunteer aide as well.

The project proposal did not include any allowances for equipment, such as file cabinets, storage cabinets, paper and pencil tests, or telephones, for the use of workers while they were in the nonpublic school. In some cases, this lack of equipment meant that the assigned worker had to take his materials with him; in other cases, counselors were working in schools that provided him with some minimal storage space. The inschool guidance workers had no provisions for nonclinical paper and pencil tests or for guidance materials. While the inschool counselor did not have any acute need for these materials, a reservoir of such materials would be of value to pupils and particularly to counselors who are working in the area of educational and vocational planning.

The responses of the inschool staff, supervisors, and nonpublic school administrators to items dealing with working environments and physical facilities are reported in Table 2 of Appendix A.

Principals generally believed that the physical facilities provided for the inschool project were conducive to a good working environment, whereas staff members reported limited facilities. Counselors and principals thought that necessary supplies and equipment were available, but social workers reported that both supplies and equipment were "quite limited."

The use of a telephone - vital to the work of the social worker and the counselor - proved to be a frustration that at times assumed major significance. Nonpublic schools in disadvantaged areas seldom have more than one telephone and seldom have clerical or secretarial aides. Usually the telephone is answered by the school administrator and a message is sent to the worker. Such a procedure is distracting and wasteful of an administrator's time. The use of the telephone in the busy administrator's office is necessarily a hurried procedure and conducted without privacy. In addition, the use of the telephone by the worker precludes its use by the administrator or the school staff.

The committee feels that a telephone for the exclusive use of project workers is of importance and should be included as necessary equipment in federally funded projects which involve direct communication with referral agencies and with parents.

Co-joined with the question of telephone service is that of clerical or secretarial help for inschool workers and for administrators. Budgets for nonpublic schools usually are very limited and do not allow for secretarial help for the administrator. The added clerical work of accounting for projects, answering survey and questionnaires, and reporting on personnel becomes a burden to the administrator and limits the time available for his professional activities in the school. Secretarial help would allow the work of the projects to be carried forward more effectively and with more service to the disadvantaged child.

The committee believes that the nonpublic school should assume the responsibility of providing working conditions for professional workers that are comfortable, adequate for the services to be performed, and private. Since equipment for use by the workers was in short supply, social workers did not have equipment necessary for work with children;

this was sorely needed. Desks had been ordered for use by the workers but had not been received. File cabinets for the storage of confidential materials and supplies had not been delivered; thus workers carried materials from one school to another or from home to school. In some instances the nonpublic school administrator provided storage space for records, but in many cases this was not available.

In spite of facilities that were often inadequate, assigned personnel often indicated their desire to return to the same school because of their feeling that the services they offered were needed and deeply appreciated by the school staff and the administrator.

Services

The project proposal called for 86 professional workers to give clinical and guidance services to pupils in nonpublic schools in disadvantaged areas. Of the proposed 86, less than sixty were employed at any one time. The services to be rendered by the professional workers were those outlined in the proposal with "policies, practices, and procedures in accordance with those detailed in the manual and other published statements of the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance."* The services were to be provided for "the total school population and not merely for disturbed children."*

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*Project proposal: Inschool Guidance for Disadvantaged Children in Nonpublic Schools.

The services which were provided in any specific school, while within the framework of good professional practice as outlined by the two bureaus, varied in order to meet the needs of the children in the school, either as the needs actually existed or as they were perceived by school administrators and teachers or by the professional worker. The services varied also in terms of the experience of the worker, his special interests and skills, and his ability to demonstrate to the children the value of a particular service. As the professional worker became familiar with the routine of the nonpublic school, the community in which it was situatied, the school population, the teaching staff, the educational procedures of the school, and the parents of the children, he became increasingly able to adapt his knowledge and skill to the children's needs. As school staff, parents, and community became familiar with his services the worker found that increased service was accepted by them.

Specific services provided by workers included individual and group counseling, educational advisement, education counseling, occupational information, career planning, referrals, parent conferences, group meetings with parents, classroom visitation, consultation with teachers, consultation with agencies, arrangements for recreational services for individual children or groups of children, and demonostrations of guidance techniques.

One of the most important services rendered by social workers and counselors in nonpublic schools should have been that of acting as referral and liaison person to the clinical and guidance centers. Of all the services given, however, this seemed to be the most difficult to implement. Communication with the centers, as has been reported previously (see Articulation and Communication) was hard to achieve. Time schedules of evening center staff and inschool staff did not allow for easy communication since the centers were not in operation at the same time. Evening center workers, when contacted during the day at their place of employment, did not have available the records of the children under discussion, were taking time from their official duties, and were depriving their clinets of services. Inschool workers, when contacted during evening hours, gave time to the discussion of cases for which they were not compensated.

Procedures for referral of nonpublic school pupils to evening centers was inconsistent and in some instances broke down completely. Since evening centers relied heavily on nonpublic school referrals for their operation, communication was imperative. In those evening centers and inschool centers where channels of communication were open, both benefited and pupils received increased service.

Because no psychologists participated in the inschool project, it was necessary for inschool staff to rely on either the evening centers or outside agencies for diagnostic services, and this sometimes presented problems. Children who had been screened for diagnostic service by inschool staff professionally trained to render this service, were not accepted for diagnosis without again undergoing duplicate screening.

This procedure resulted in confusion for the child and parent and weakened confidence in the inschool staff. Inschool workers reported that feedback from evening centers on children referred was not received by the nonpublic school and that they therefore had no knowledge of the disposition of cases. Children were placed on waiting lists without notification to either the parent of the child or the in school center, and inschool staff assumed that children were obtaining treatment from the evening center. In some instances evening centers to which children were referred were closed because of under-utilization, removing the possibility for diagnosis and treatment of children.

Counselors gave service to nonpublic schools for one day a week while social workers gave service to nonpublic schools for one half day a week, and in some instances only when a nonpublic school requested their services for a specific child. During interviews both counselors and social workers indicated their feeling that this amount of time spent at a school was inadequate. Social workers particularly felt that their services were fragmented and that they lacked continuity. Both groups stressed their belief that more time in each school was necessary.

Classroom visitation - felt by both groups to be necessary to observe children in an educational setting - was limited because of time. Teachers reported that classroom visitation by the workers was of value to them in gaining halp in handling children with behavior problems. Teachers also were appreciative of classroom demonstrations by counselors of guidance techniques which could subsequently be used by the teacher.

Teachers reported that they were appreciative of the opportunity to consult with professional workers about specific children who presented educational or behavior problems, and to learn ways of coping with them in the classroom. Administrators reported that as a result of such consultation children who otherwise would have been excluded from the classroom were retained and were able to achieve academically. Another service rendered by the workers was an indirect benefit to children in the nonpublic schools. Principals indicated that the presence of the professional workers in the schools had the effect of making the teachers more conscious of their responsibility to practice good mental health techniques in the classroom. Many children, by this means, gained benefits otherwise denied to them.

Many of the workers conducted parent workshops and held group meetings with parents. During these meetings parents were led to recognize accepted patterns of behavior of children, to have a better understanding of the children's emotional and social needs, and to have a better understanding of the aims and goals of the school.

Children benefited also from group counseling and group guidance sessions. In these groups children were identified who needed special individual help either from an inschool worker or an outside agency. The identification of these children at an early stage of maladjustment or underachievement was an important service given by the workers, leading to early treatment and alleviation of symptoms.

The social workers, despite all the problems that beset them in their attempts to provide to children the services for which they are trained, were able to accomplish more services than would have seemed possible.

The responses of the staff members and the principals to the questionnaire items dealing with perceptions of the services offered are shown as weighted averages in Table 3 of Appendix A. The principals and project ataff indicated that the following services were performed "quite frequently:" counseling with children; diagnosing problems of children; consultations with classroom teachers; and consultations with parents.

Principals and counselors gave a similar rating to educational and vocational guidance. Social workers indicated that they performed this service infrequently, as would be expected. Social workers indicated that they conducted group counseling sessions and made referrals to evening centers frequently, whereas counselors reported that they conducted group counseling sessions in only a few instances and made only a moderate number of referrals to the evening centers.

Principals reported that group counseling was infrequent in the inschool project. Principals believed that case conferences with school staff were held frequently; social workers reported holding only a few conferences, and counselors indicated that they were held infrequently. Differences in concept of a "case conference" may have accounted for the apparent discrepancy between reports of professional workers and administrators of this item.

All three groups believed that classroom climate was improved to a moderate extent as a result of the services offered. Social workers reported that they conducted a moderate number of therapy sessions, while counselors indicated that they held a limited number of therapy sessions. Principals and counselors indicated that group guidance activities and parent meetings were held; social workers reported that they very rarely engaged in either of these activities.

Responses from both social workers and counselors indicated that they did little or no remedial work with children. On the other hand, principals thought that remedial work had been performed by the workers in some cases. All three groups indicated that teacher workshops were held in the school by inschool workers "very, very rarely."

Principals, counselors, and social workers reported that the inschool project handled a variety of cases. All three groups indicated that cases most frequently handled were behavior problems, parent-child relationships, and emotional disorders. The inschool workers also considered that they had seen children who had learning disabilities, while the principals believed that this type of presenting problem was a minor one in the inschool program. The administrators and staff members indicated that problems of peer relationships ranked "moderate" as a cause for referral for treatment. The counselors and the principals also gave a rank of "moderate" to educational and vocational problems as a presenting problem. Social workers perceived this problem to be minimal.

Members of both disciplines in the program indicated that they performed both intake and parent interviewing "frequently." Social workers spent enough time on case conferences to consider their efforts as moderate while counselors reported that they rarely engaged in case conferences. Both groups found the extent of followup activities to be limited. Social workers made home visits in a few instances while counselors reported that they rarely performed this service. Both groups reported that paper and pencil testing and individual testing were very rarely done.

Both groups felt that the services they offered were influenced by their time schedules and their daily and weekly schedules. In evaluating effectiveness of their working hours (those of the school they serviced) they stated that the hours were "very good" for contacts with children, and "good" for contacts with parents and inschool teachers. They rated the hours "poor" for contacts with evening centers.

Counselors rated their working hours as "quite satisfactory" in contacting outside agencies while the social workers deemed them only "adequate." This difference may arise from differences in types of agencies used for referral purposes by each discipline. Social workers were more likely to refer children to community centers operating after school hours.

Both groups felt that their daily hours were not at all effective for contacts with the evening clinical and guidance centers. Principals indicated that the time schedule of the inschool workers allowed them to make effective contacts with children, school staff, parents, and outside agencies. They also reported that the time schedule of the workers did not allow sufficient contact between them and the evening centers.

Guidance counselors of the inschool project felt that their weekly schedule of one day a week for each school allowed them sufficient opportunity to have effective contacts with parents, children, inschool teachers, and outside agencies. On the other hand, social workers reported that their weekly schedule was too limited for effective contacts with any of these groups. Both social workers and counselors indicated that their weekly schedule was most ineffective for contacts with the evening centers.

Statistically, the 73 counselors in this project reported that they had received more than 6,000 referrals and actually had handled more than 4,000 cases. These children were seen in 14,000 interviews for an average of 3.5 interviews per pupil. More than 1,600 parents or parent surrogates were interviewed in more than 2,300 interviews, or an average of 1.4 interviews per parent.* In addition to individual contacts the counselors reported that they had conducted 86 group meetings with parents and approximately 900 group meetings with children in which 12,400 children participated.

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*Figures provided by inschool project co-director.

B. Program Contributions

The responses to the questionnaire items concerned with the contributions and results of the program are shown as weighted averages in Table 5 of Appendix A.

The principals, counselors, and social workers all indicated that the reactions of the children, the parents, and the teachers were very positive. Both the principals and the counselors believed that the program had made a good contribution in enhancing the classroom teacher's acceptance and understanding of guidance and in improving the teacher's recognition of the presenting problems. Social workers, however, believed that the program made a more modest contribution in these two areas.

All three groups reported that the program made a modest contribution toward improving the mental health climate within the participating schools. In all seven items concerned with the extent of observable changes, the counselors and social workers gave higher ratings to each item than the principals. However, all three groups reported that they were able to perceive some observable changes in children as a result of the inschool program.

The counselors and social workers thought that children evidenced some changes in their relationships with peers and teachers and in their school behavior or attitude. The principals believed that these changes were more modest.

The counselors reported that they observed some modest changes in the children's educational and occupational aspirations and in the children's personal appearance. Both the social workers and the principals thought that these changes were limited.

The social workers reported a modest but slight improvement in standardized test results while the counselors and principals perceived these changes as more limited. All three groups believed that there was limited improvement in academic grades as a result of the inschool program.

The principals, counselors, and social workers all indicated that the services provided in the inschool project were used extensively. Furthermore, they thought that the project was able to make some modest contribution in meeting the needs of children in the participating schools. The counselors and social workers reported that they had been able to make the contribution which they had anticipated; however, the social workers indicated that their contribution was more modest than they had hoped it would be.

On the open-ended questions, the counselors and social workers indicated similar problems with the program. Both groups felt that they had too large a work load and insufficient time and/or too many schools to do an effective job. Furthermore they felt that the lack of psychologists in the day program was a very severe handicap. The counselors also indicated that they did not have enough contact with the teachers within the participating schools and that the lack of materials was an impediment to their services.

The principals reported that the biggest problems they perceived were primarily in the areas of time, staff, and parental acceptance of the program. They thought that both counselors and social workers needed more time to accomplish the project goals and that these personnel were needed more frequently on the premises of their schools. They also indicated that some parents were not receptive to these services and that more staff was needed to help the principals overcome this rigidity. Finally, the principals felt that there needed to be more consultation with the classroom teachers so that the program could become part of the total school effort in working with children from disadvantaged areas.

C. Overall Evaluation

The evaluation committee has found that the inschool clinical and guidance program has received the overwhelming endorsement of the professional staff members employed in the project and the principals of the participating schools. The reactions of the staff members and the principals are indicated in the following table.

Of the 69 professional staff members who completed the questionnaire, 96 per cent felt that the program should be continued either as is (N=13) or with modifications (N=53). The principle reasons given for this endorsement of the program were that the services are needed by children, parents, and the community, and that the inschool project is perceived as a positive attempt to meet these needs. This endorsement of the project did not prevent the staff from recognizing and reporting weaknesses

REACTIONS TO THE INSCHOOL PROGRAM BY COUNSELORS, SOCIAL WORKERS, AND NONPUBLIC SCHOOL PRINCIPALS

Staff Member	Continue As Is	Continue with Modification	Discontinue	Could not Evaluate	Total
Guidance Counselors	12	39	2	0	53
Social Workers	1	11	0	0	12
Supervisors (G.C.)	0	2	0	0	2
Supervisors (S.W.)	0	1	0	0	1
Psychiatrist	0	0	1	0	1
TOTAL	13	53	3	0	69
Percentages	19%	77%	4%	-	100%
Nonpublic School Principals					
Catholic	65	30	2	2	99
Jewish	4	1	0	1	6
Protestant	4	1	0	4	9
TOTAL	73	32	2	7	114
Percentages	64%	28%	2%	6%	100%

in the program; many suggestions were made for changes in the program.

The principals of the participating schools also strongly endorsed continuation of the project. Of the 114 principals who returned the questionnaire, 92 per cent felt that the program should be continued either as is (N=73) or with modifications (N=32). Thus, a smaller percentage of principals made recommendations for changes.

V. SUMMARY

Under Title I ESEA, clinical and guidance services were to be provided to 95,165 children attending 184 nonpublic schools in New York City in disadvantaged areas. The program was operated by two bureaus of the Board of Education: the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance. The services offered to the nonpublic schools and to their pupils were those provided to pupils in the public schools of the city by comparable professional workers. Policies, practices, and procedures were in accordance with those described in bureau manuals and other published statements.

The personnel of the program, appropriately and professionally trained for the services to be rendered, were to consist of 2 part-time psychiatrists, 18 full-time school social workers and 18 full-time school psychologyists, 44 educational and vocational counselors (some on a part-time and others on a full-time basis), 10 typists, and 8 stenographers. Supervision was to be provided by 2 supervisors of social workers, 2 supervisors of guidance, and 1 supervisor of psychologists.

An evaluation of the services was conducted by the Center for Urban Education through the work of a committee of six psychologists and guidance specialists experienced in the problems of disadvantaged children in urban communities. The committee visited at random selected participating schools to confer with the principal or administrator; to interview teachers; to confer with personnel assigned to the schools; to observe the facilities provided by the participating schools for use of the guidance and clinical workers in the performance of their duties; and to attempt to gauge the degree of acceptance and use of the services offered. Data relevant to the effectiveness of the program were collected. In addition to sampling by observation and interview, data were obtained through questionnaires and surveys distributed to all members of the in-school clinical and guidance teams, principals of the participating schools, and supervisors. Respondent opinion, attitudes, and reactions were analyzed.

One hundred and forty-nine nonpublic schools were provided with the services of 73 guidance counselors, 13 social workers, 2 supervisors of counselors, 1 supervisor of social workers, and 1 part-time psychiatrist. Counselors were assigned to schools on a one-day-a-week basis; social workers were assigned on a half-day-a-week basis. Positions were filled by social workers and counselors who were fully trained and qualified for employment in the public schools. Social workers were full-time employees; guidance counselors were part-time employees who were retired, on maternity or study leave, or were former employees. No psychologists were employed in the inschool program. Staff turnover was extensive.

Recruitment of staff for the program did not result in sufficient personnel to provide service for all schools indicating their desire to participate in the project, and for many schools services were provided for only a small fraction of the academic year. For example, only 99 of the 149 schools actually serviced were staffed by December 1966. This shortage of staff severely hampered implementation of the project, and particularly with the absence of school psychologists, obviated the possiblity of achieving the stated goals of the project.

The committee recommends that unless sufficient personnel can be recruited before the start of the academic year future proposals should be limited in scope. The committee feels that adequate staffing for fewer schools would more nearly meet the objectives of the program. It is suggested as a recruitment measure that appropriately trained and qualified staff members assigned to nonpublic schools be licensed and employed as regular full-time employees of the Board of Education with the same privileges of attaining tenure as the clinical and guidance personnel assigned to the public schools.

The project proposal indicated that for this program pupil-worker ratios were set at 2000 pupils to one counselor, 5000 pupils to one school psychologist, and 5000 pupils to one social worker. These numbers of pupils are far greater than those considered professionally as maximum for adequate service for all pupils; the committee questions seriously whether the objectives outlined in this project can be fulfilled under these conditions of staffing.

Through interview and questionnaire the committee found that staff members felt the need for specialized training for work in nonpublic schools. Differences in culture, religion, and educational practices were evident, and orientation to these was felt to be an aspect of effective work within the school. Preplanning for this orientation and training should be a joint responsibility of nonpublic school leaders and the bureaus implementing the program.

In participating schools where English is a second language, some professional workers reported that communication was difficult. It is recommended that whenever possible workers should be assigned to a particular school in which they could utilize their knowledge of the culture and language of communities from which the pupils come. It is further recommended that some thought be given to providing professional staff with classes in foreign languages to enable them to communicate more effectively with parents and children.

During the collection of data the committee found that many of the nonpublic school teaching staff were not thoroughly aware of the various projects operating within their schools, or of the goals of the projects. It is recommended, therefore, that nonpublic school teachers should be oriented each year to the services offered in their schools and out-of-school centers, and that inschool guidance teams should be trained to conduct such orientation so that services can be used most effectively.

The need for coordination of all federally funded programs within a given school was evident to the committee during its visits and interviews. Integrated, interdisciplinary coordination of services should be provided by project planners to ensure that services are used most effectively, that no duplication of diagnostic service or clinical treatment occurs, and that there is no unnecessary disruption of the ongoing school program.

It is essential that articulation and communication between related programs and services be specified and delineated in future proposals and that provision for such articulation and communication be made. One of the major problems noted by both social workers and guidance counselors was lack of opportunity for communication with members of the evening clinical and guidance centers, a project closely associated with the inschool program.

Physical facilities for the use of professional workers in the inschool program varied widely. Although some of the schools were able to provide adequate space and privacy for the performance of the workers' duties, others did not make this provision. Nonpublic schools should be urged to provide space for professional workers that is comfortable and free of outside distractions. Telephone service is necessary especially for communication with outside agencies and should be provided by the project for the exclusive use of the professional workers.

Materials for social workers and counselors were minimal. Counselors who have responsibility for educational and vocational planning and adjustment should be provided with appropriate and adequate materials to carry out this function. Social workers should have access readily to materials necessary for the performance of their work in each school.

The services provided to the pupils in nonpublic schools varied from school to school, but were always within the framework of accepted practice in the public schools of the city. These services included individual and group counseling, educational and vocational advisement, group guidance activities, teacher consultation, classroom visitation, demonstrations, parent conferences, parent meetings, agency referrals, and other services professionally indicated.

The evaluation of these services was particularly difficult for the committee for a number of reasons. First was the lack of specificity of the goals of the project proposal. Goals were so general and so vast that longitudinal studies would be required to evaluate them. Second was the late date at which the project began and the lack of personnel to interview or schools to visit until late in the year. Third was the differences in viewpoint of those who rated the pupils and reported to the committee. In light of differences in aspiration, values and culture, the degree, direction, and quality of change reported depended upon the observer.

Statistically, the services rendered were far greater than might have been expected from the limited staff and limited time of operation. The guidance counselors reported more than 6000 referrals and more than 4000 cases accepted. Fourteen thousand interviews were held with pupils, and more than 2,300 interviews were held with more than 1,600 parents. Nine hundred group meetings were held in which 12,400 pupils participated.

Social workers reported that their assignments to as many as ten schools limited the effectiveness of the service they could offer and was antithetical to the philosophy of social work. In this situation they felt that their services were fragmented, had little or no continuity, and did not provide time for gaining knowledge of the pupils, the schools, or the communities in which the schools function. If social workers cannot be assigned to fewer schools it is recommended that they be assigned to schools on an intensive treatment basis, remaining in one or two schools for a four- or five-week period, then moving to other schools for a similar period of intensive service.

Supervision of the services generally was felt to be inadequate in terms of amount rather than quality of supervisory sessions. More supervision and direction were urged by social workers and counselors who indicated that it would be welcomed.

Principals, teachers, and professional workers indicated through both interview and questionnaire that they believed there were observable changes in a positive direction in those pupils who had received service. Many felt that such changes were minimal and many felt that they were not able to effect change to the degree they had hoped. Principals, teachers, and inschool professional staff all were enthusiastically in favor of the continuance of the inschool project. Despite the high turnover of staff and the problems encountered in implementing the project, they felt that the program was of great value to the pupils and the school.

The evaluating committee concurs in these conclusions. As observed by the committee there were many indications that this project has potential values of great magnitude for the disadvantaged child in the nonpublic school Many adjustments must be made before the inschool program can become maximally effective, and these adjustments are equally the responsibility of the nonpublic school and the professional worker. It is imperative that ways be found for nonpublic schools to educate the parents of pupils to accept the services offered, and to provide channels through which the worker and parents can communicate.

It is necessary for project planners to consider ways of implementing services to meet the needs of all nonpublic schools through practices other than those now operating in the public schools of the city. One of these ways might be the opening of clinical and guidance centers district-wise to operate during school hours and to which pupils from nonpublic schools might be referred.

Conditions over which project planners had no control made the project proposal almost impossible to adequately implement. That so much real value has emerged in this project is tribute to the cooperative efforts of the leaders of the nonpublic schools and the Board of Education bureaus involved.

APPENDIX A

TABLES

1. Articulation and Communication as Perceived by Staff Members and Principals of Participating Schools.
2. Working Environments and Facilities as Perceived by Staff Members and Principals of Participating Schools.
3. Services Offered as Perceived by Staff Members and Principals of Participating Schools.
4. Staff as Perceived by Staff Members and Principals of Participating Schools.
5. Program Contributions and Results as Perceived by Staff Members and Principals of Participating Schools.

TABLE 1 ARTICULATION AND COMMUNICATION AS PERCEIVED BY STAFF MEMBERS AND PRINCIPALS OF PARTICIPATING SCHOOLS

		Weighted Averages		
		G. C. N=53	S. W. N=12	Prin. N=107
1.	Awareness of program's objectives	3.2	3.2	3.3
2.	Orientation to role	3.2	2.3	3.0
3.	Participating schools' understanding of aims and procedures	2.6	2.2	3.4
4.	Assigned personnels familiarity with socio-cultural background of student population	3.3	3.5	3.0
5.	Extent of personal contact with personnel from project or school	3.2	3.2	3.6
6.	Communication between project staff and school staff	2.9	3.1	3.4
7.	Communication between project staff and evening center staff	1.9	1.7	N/A
8.	Cooperation in planning services	2.6	2.8	3.4
9.	Difficulty in working with school or project staff	1.9	2.3	1.7
10.	Adequacy of referral forms	3.1	2.3	3.4

TABLE 2. WORKING ENVIRONMENTS AND FACILITIES AS PERCEIVED BY STAFF MEMBERS AND PRINCIPALS OF PARTICIPATING SCHOOLS

	Weighted Averages		
	G. C. N=53	S. W. N=12	Prin. N=107
1. Physical facilities	2.3	2.1	3.2
2. Availability of supplies and equipment	2.9	2.0	3.0
3. Locations of evening centers	3.0	2.8	N/A
4-8. Daily hours effective for:			
4. children	3.9	3.5	N/A
5. parents	2.9	2.5	N/A
6. school staff	2.9	2.9	N/A
7. evening centers	1.5	1.5	N/A
8. outside agencies	3.0	2.4	N/A
9-13. Weekly time schedule effective for:			
9. children	3.5	2.6	3.5
10. parents	2.7	2.4	2.8
11. school staff	2.7	2.4	3.2
12. evening centers	1.6	1.4	2.5
13. outside agencies	2.7	2.0	2.8

TABLE 3. SERVICES AS PERCEIVED BY STAFF MEMBERS AND PRINCIPALS OF PARTICIPATING SCHOOLS

	Weighted Averages		
	G. C. N=53	S. W. N=12	Prin. N=107
1-15. Extent of the following services offered:			
1. diagnosing problems of children	3.4	3.5	3.0
2. consultation with parents	3.0	3.0	2.9
3. educational and vocational guidance	3.1	2.5	3.1
4. counseling with children	3.7	3.3	3.4
5. group counseling	2.1	2.9	2.2
6. group guidance	2.3	1.3	2.3
7. teacher workshops	1.6	1.3	1.7
8. parent meetings	1.8	1.3	2.1
9. referrals to evening centers	2.7	3.1	N/A
10. referrals to other agencies	2.1	2.6	2.5
11. case conferences with school staff	2.4	2.7	2.9
12. improve classroom climate	2.6	2.3	2.4
13. consult with classroom teachers	3.3	3.4	3.1
14. therapy	1.5	2.5	2.3
15. remedial work	1.5	1.0	2.2
16-21. Presenting problems:			
16. learning disabilities	3.1	3.1	2.5
17. behavior problems	3.5	3.4	3.0
18. parent-child relationships	3.0	3.4	2.8
19. emotional disorders	2.9	3.0	2.9

TABLE 3. (Continued)

	Weighted Averages G. C. N=53	 S. W. N=12	 Prin. N=107
20. peer relationships	2.7	2.6	2.7
21. educational or vocational problems	2.7	2.2	2.7
22-28. Professional services offered:			
22. intake interviewing	3.7	3.3	N/A
23. paper and pencil testing	1.7	1.2	N/A
24. individual testing	1.5	1.2	N/A
25. home visits	1.3	2.3	N/A
26. parent interviews	3.0	3.1	N/A
27. case conference	2.1	2.8	N/A
28. therapy sessions	1.5	2.4	N/A
29. Extent of follow-up	2.4	2.4	N/A

TABLE 4. STAFF AS PERCEIVED BY STAFF MEMBERS AND PRINCIPALS OF PARTICIPATING SCHOOLS

	Weighted Averages		
	G. C. N=53	S. W. N=12	Prin. N=107
1. Qualifications of staff	3.0	3.2	N/A
2. Cooperation of staff	3.1	3.0	3.6
3. Cooperation with evening center	2.3	2.5	N/A
4. Availability of supervisory consultation	3.3	2.1	N/A
5. Usefulness of supervision	3.4	3.0	N/A

TABLE 5. PROGRAM CONTRIBUTIONS AND RESULTS AS PERCEIVED BY STAFF MEMBERS AND PARTICIPATING SCHOOLS

	Weighted Averages		
	G. C. N=53	S. W. N=12	Prin. N=107
1. Use of services	3.3	3.3	3.6
2. Meeting children's needs	3.1	2.6	2.9
3. Reaction of children	3.7	3.4	3.2
4. Reaction of parents	3.3	3.4	2.9
5. Reaction of classroom teachers	3.2	3.2	3.2
6. Perception of changes in children	2.9	2.9	2.5
7-13. Extent of observable changes in:			
7. relationship with peers	2.7	2.7	2.2
8. relationship with teachers	2.8	2.8	2.4
9. personal appearance	2.5	2.3	2.1
10. school behavior or attitude	2.7	2.7	2.3
11. academic grades	2.4	2.3	2.0
12. standardized test scores	2.1	2.5	2.0
13. educational or occupational aspirations	2.8	2.1	2.1
14. Improvement of mental health climate	2.8	2.5	2.5
15. Influence on attitude of teachers	2.7	2.6	2.8
16. Enhancement of teachers' understanding and acceptance of guidance services	3.0	2.8	3.2
17. Improvement of teachers' recognition of presenting problem	3.0	2.7	3.1
18. Overall evaluation of project	3.0	2.6	3.4
19. Contribution made	3.1	2.5	2.9

Appendix B - INSTRUMENTS

IN-SCHOOL GUIDANCE FOR DISADVANTAGED PUPILS IN NON-PUBLIC SCHOOLS

List of Instruments

Observation Guide for In-School Services B1

Interviewing Guide for Use With Parochial School Administrators B5

Questionnaire for In-School Clinical and Guidance Staff B10

Questionnaire for Non-Public School Principals B21

Questionnaire for Supervisory Personnel B31

CENTER FOR URBAN EDUCATION

Evaluation of Clinical and Guidance Services for Non-Public Schools

Observation Guide for In-School Services

1966 - 1967

I. Clinical or guidance worker

1. Competence:
   (It is assumed that all workers employed by the Board of Education are licensable or certifiable)

   a. knowledge and awareness of mores of the urban area
   (in depth, moderate, limited)

   b. knowledge of sub-culture of the school
   (in depth, moderate, limited)

   c. skill in techniques employed
   (excellent, good, fair, poor)

   d. creativity in adapting clinical or guidance techniques to school mores and needs

   e. skill in working with staff
   (excellent, good, fair, poor)

   f. skill in working with parents
   (excellent, good, fair, poor)

   skill in working with children
   (excellent, good, fair, poor)

   g. how is person viewed?
   (interloper, threat, consultant, member of staff)

h. is person accepted by children?	Yes	No
is person accepted by parents?	Yes	No
i. does person appear to be comfortable in the situation?	Yes	No

   j. does person speak the foreign language of the community or school?
   (Greek, Spanish, Hebrew, etc.)

k. what is your estimate of the general level of competence of the worker?
(high, good, mediocre, weak)

2. Functions
Which of the following functions are employed by worker:

a.	consultant	Yes	No
b.	individual interviewing with children	Yes	No
c.	coordination of services	Yes	No
d.	group guidance	Yes	No
e.	vocational information	Yes	No
f.	testing	Yes	No
g.	referrals	Yes	No
h.	crisis guidance	Yes	No
i.	long-range guidance projects	Yes	No
j.	total school guidance	Yes	No
k.	work with parent groups	Yes	No
l.	individual interviewing with parents	Yes	No
m.	conferences with teachers	Yes	No

3. Facilities provided for worker

a.	does worker have office?	Yes	No
b.	is privacy provided for interviews and conferences?	Yes	No
c.	are record-keeping facilities provided?	Yes	No
d.	are supplies adequate?	Yes	No
e.	are school records present and available to worker?	Yes	No
f.	are provisions made for storage of clinical and guidance records?	Yes	No
g.	are provisions made for classroom visits?	Yes	No
h.	is telephone service provided?	Yes	No

#3

II. Communication

1. What provisions are made for conferences between in-school worker and clinical and guidance center?

2. To what extent are referrals made to other than evening centers (outside agencies, other school services)?

3. What provisions are made for reporting and conferring with staff?

   With administration?

4. What type of reporting to staff and administration is done (oral, written)?

5. How is reporting to parents done (conference, written, telephone)?

6. Who does reporting to parents

   a. worker

   b. teacher

   c. administrator

   d. other

7. What provisions are made for communication with non-English-speaking parents?

#4

III. Time allotment

What proportion of time allotted to school is used in:

1. individual interviewing ....
2. consultation ....
3. coordination ....
4. testing ....
5. referrals ....
6. parent conferences ....
7. work with parent groups ....
8. long-term guidance projects ....
9. total-pupil guidance projects ....

IV. Mental health aspects of program.

How is worker seen as helping to improve mental health:

a. of children?

b. of staff?

c. of classroom procedures?

CENTER FOR URBAN EDUCATION

Evaluation of Clinical and Guidance Services to Non-Public Schools

1966 - 1967

Interviewing Guide for Use with Parochial School Administrators

Please distinguish between responses relevant exclusively to in-school guidance services in comparison with center services.

1. What does administrator hope from program?

2. Does administrator feel the children in his school are receiving these services? Yes No

3. What services are being given to the school through the clinical-guidance services?

    a. Which are for all pupils?

    b. which are for atypical pupils?

4. What changes are taking place in the school in the following areas as a result of services rendered:

    a. Administration

    b. Staff

    c. Community (parents, agencies)

#2

d. Children

e. Curriculum

5. Administrators' opinion of efficacy of in-school service compared with out-of-school centers.

6. How does the parochial school administrator perceive the role and function of the services offered

a. in-school

b. center

7. Articulation and communication between parochial school and center

a. What orientation concerning centers has there been for parochial school staff:

1. from project administration

2. from parochial school administration

3. from center administration

b. Do staff members confer with center staff members? Yes No

c. Does center staff ask for and consider school recommendations? Yes No

d. What type and amount of feed-back comes from the out-of-school center?

e. Do staff members participate in case conferences Yes No

8. Referrals:

a. Are more children referred to agencies since program began? (% referred) Yes No

b. What type of referrals are made?

Medical, psychiatric, social agency, courts

c. Socio-economic level of children referred:

1. Are they typical of school population? Yes No

2. Are they typical of community? Yes No

d. Do parents follow recommendations for referral to a greater extent than before? Yes No

e. In which school grades have most referrals occurred? ....

f. Have more boys or girls been referred? ....

g. What are ages of children referred? ....

h. Is there a waiting list of children referred? Yes No

#4

i. If children have not been referred to centers, why not?

9. Changes in children resulting from the program, as perceived by parochial school administrator

   a. Changes in peer relationships.

   b. Educational changes.

   c. Adjustment to classroom and school.

   d. Decline in functioning level?
      Improvement in functioning level?

   e. Changes in play?

   f. Changes in personal appearances?

10. Parental response to program:

   a. What is parents' attitude toward in-school services offered:

#5

b. Do parents cooperate? Yes No

c. What is parents' attitude toward referral to center?

d. How are parents prepared for referral? When, by whom, how far in advance?

e. What are areas of resistance to service if any?

f. Has there been any demonstrable change in family attitude because of services rendered?

11. In-service training program:

a. How many staff members are participating? ....

b. Would more staff members participate if given the opportunity? Yes No

c. How are staff members chosen for in-service program?

d. What recommendations does principal have for in-service training?

CENTER FOR URBAN EDUCATION
33 West 42nd St.
New York, N.Y. 10036

Evaluation Committee for Clinical and Guidance Services

Title I Project 18B

QUESTIONNAIRE FOR IN-SCHOOL CLINICAL AND GUIDANCE STAFF

Name:............................

Position in Program ....

Schools Served (List each): Frequency Visits (Times per week

....

....

....

....

Directions:

For each question on the following pages, select your responses from one of the coded lists of response options shown below. Mark the code number corresponding to your choice on the line to the right of each question.

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,	etc.	
1	not at all	in no cases	never	very badly done	unsatisfact
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge, etc.		
1	not at all	in no case	never	very badly done	unsatisfacto
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

Coded
Response

1. To what extent are you aware of the objectives of the in-service program as stated in the project proposal? 1. ......

2. To what extent were you oriented to the specific role that you were expected to perform at your schools? 2. ......

3. To what extent were you familiar with the socio-cultural background of the student population you were expected to serve? 3. ......

4. To what extent did your schools understand the aims of the in-service project? 4. ......

5. To what extent have you had personal contact with the professional staff members of the schools you serve? 5. ......

6. How would you rate the communication between the in-school-project staff and the school staff? 6. ......

7. How would you rate the communication between the in-school-project staff and the evening centers staffs? 7. ......

8. To what extent were the services that you offered planned in cooperation with the staff of your assigned schools? 8. ......

9. To what extent did you experience difficulty in working with the staff members in your schools? 9. ......

10. To what extent did schools make use of the services you provided? 10. ......

11. To what extent were the physical facilities conducive to a good working environment? 11. ......

12. To what extent were the necessary supplies and equipment available for your use? 12. ......

13. To what extent do the locations of the evening clinical and guidance centers facilitate contact with prospective clients from your schools? 13. ......

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,	etc.	
1	not at all	in no case	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

Coded Response

14. - 18. To what extent were your daily hours of work conducive to effective contacts with:

14. children? 14. ......

15. parents? 15. ......

16. school staff? 16. ......

17. evening centers? 17. ......

18. outside agencies? 18. ......

19. - 23. To what extent did your weekly time schedule allow you to make effective contacts with:

19. children? 19. ......

20. parents? 20. ......

21. school staff? 21. ......

22. evening centers? 22. ......

23. outside agencies? 23. ......

24. To what extent were the referral forms adequate for proper handling of the cases? 24. ......

25. - 40. To what extent did you perform the following services?

25. Diagnosing problems of children 25. ......

26. Consultation with parents 26. ......

27. Educational and vocational guidance 27. ......

28. Counseling with children 28. ......

29. Group counseling 29. ......

30. Group guidance 30. ......

31. Teacher workshops 31. ......

32. Parent meetings 32. ......

33. Referral to evening centers 33. ......

Code	Possible Response Options				
0	not applicable, cannot respond, insufficient knowledge, etc.				
1	not at all	in no case	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

25.-40. (cont'd.)

	Coded Response
34. Referral to other agencies	34. ......
35. Case conferences with school staff	35. ......
36. Improve classroom climate	36. ......
37. Consult with classroom teachers	37. ......
38. Therapy	38. ......
39. Remedial work	39. ......
40. Other please indicate:	40. ......

41. - 47. To what extent did you handle the following kinds of cases (presenting problems)?

41. Learning disabilities	41. ......
42. Behavior problems	42. ......
43. Parent-child relationships	43. ......
44. Emotional disorders	44. ......
45. Peer relationships	45. ......
46. Educational or vocational problems	46. ......
47. Other please indicate:	47. ......

48. - 54. To what extent were you able to perform the following professional services related to your own discipline?

48. Intake interviewing	48. ......
49. Paper and pencil testing	49. ......
50. Individual testing	50. ......

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge, etc.		
1	not at all	in no case	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

Coded Response

48.-54. (cont'd.)

51. Home visits 51. ......

52. Parent interviews 52. ......

53. Case conference 53. ......

54. Therapy sessions 54. ......

55. How would you rate the qualifications of the in-school-project staff members as a group? 55. ......

56. How would you rate the cooperation of the in-school-project staff members? 56. ......

57. - 58. To what extent were you able to cooperate with the evening center

57. coordinator? 57. ......

58. staff members? 58. ......

59. To what extent was supervisory consultation available on a regular basis? 59. ......

60, How useful to you was the supervision that was available? 60. ......

61. To what extent did the in-school program meet the needs of the children referred? 61. ......

62. To what extent were you able to follow up cases that you referred or treated? 62. ......

63. - 65. How would you rate the reaction to the services you offered of the

63. children? 63. ......

64. parents? 64. ......

65. participating teachers? 65. ......

66. To what extent were you able to perceive any changes in the students you worked with? 66. ......

Please mark responses according to code on facing page:

Coded Response

67. - 73. To what extent did an observable change take place among children in

67. relationships with peers? 67. ......

68. relationships with teachers? 68. ......

69. personal appearance? 69. ......

70. school behavior or attitude? 70. ......

71. academic grades? 71. ......

72. standardized test scores? 72. ......

73. occupational or educational aspirations? 73. ......

74. To what extent were your activities contributory to improving the mental health climate of your schools? 74. ......

75. To what extent were you able to influence the attitudes of the staffs of the schools toward children? 75. ......

76. To what extent do you feel you made a contribution toward improving the teachers' attitudes toward children? 76. ......

77. To what extent do you feel you were able to enhance the teachers' understanding of guidance services? 77. ......

78. To what extent do you feel you were able to increase the teachers' acceptance of guidance services? 78. ......

79. To what extent were you able to improve the teachers' recognition of the more important presenting problems of children? 79. ......

80. How would you evaluate the overall project? 80. ......

81. Were you able to make the contribution that you anticipated? 81. ......

82. What has been the greatest hindrance, in your opinion, to the successful operation of the project?

83. What recommendations do you suggest to improve the operation of the project?

84. What is your recommendation regarding continuation of the project? (Please check one)

Continue as is ......

Continue with modifications......

Discontinue ......

Please state the major reasons for your recommendation:

THANK YOU FOR YOUR PARTICIPATION IN THIS EVALUATION.

CENTER FOR URBAN EDUCATION
33 West 42nd St.
New York, N.Y. 10036

Evaluation Committee for Clinical and Guidance Services

Title I Projects 18A and 18B

QUESTIONNAIRE FOR NON-PUBLIC SCHOOL PRINCIPALS

Name .... School ....

Title .... Affiliated Center ....

Directions:

a. For each question on the following pages, select your response from one of the coded lists of response options shown below. Mark the code number corresponding to your choice on the line to the right of each question.

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,	etc.	
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

b. For each question, please respond where appropriate for both the Evening Guidance Program and the In-School Guidance Program.

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,	etc.	
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

For each question, please respond where appropriate for both the Evening Guidance Program and the In-School Guidance Program.

Please mark responses according to code on facing page:

		I Evening Guidance Program	II In-School Guidance Program
1. To what extent are you aware of the objectives of these programs as stated in the project proposals?	1.	......	......
2. To what extent did you understand the aims and procedures of these programs?	2.	......	......
3. To what extent were you oriented to the specific role that you were expected to perform in these programs?	3.	......	......
4. To what extent were the assigned personnel familiar with the socio-cultural background of your student population?	4.	......	......
5. To what extent have you had personal contact with professional staff members of each of the programs?	5.	......	......
6. How would you rate the communication between the program staff and member of your school staff?	6.	......	......
7. To what extent were the services offered by these programs planned in cooperation with your school?	7.	......	......
8. To what extent did you experience difficulty in working with the programs and their staffs?	8.	......	......
9. To what extent did your school make use of the services provided by these programs?	9.	......	......
10. To what extent were the physical facilities provided conducive to a good working environment?	10.	......	......
11. To what extent were the necessary supplies and equipment available for personnel involved in the program?	11.	......	......
12. To what extent does the Center's location facilitate contact with your pupils?	12.	......	...0..
13. - 18. To what extent were the hours of operation of the evening center conducive to effective contacts by center personnel with:			
13. children?	13.	......	...0..
14. parents?	14.	......	...0..
15. yourself?	15.	......	...0..
16. your staff?	16.	......	...0..

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

For each question, please respond where appropriate for both the Evening Guidance Program and the In-School Guidance Program.

Please mark responses according to code on facing page:

	I Evening Guidance Program	II In-School Guidance Program
13.-18. (cont'd.)		
17. outside agencies?	17.	...Q..
18. in-school programs?	18.	...Q..
19. - 24. To what extent did the time schedule of your in-school assigned personnel allow them to make effective contacts with:		
19. children?	19. ...Q..	......
20. parents?	20. ...Q..	......
21. yourself?	21. ...Q..	......
22. your staff?	22. ...Q..	......
23. center staff?	23. ...Q..	......
24. outside agencies?	24. ...Q..	......
25. To what extent were referral forms adequate for proper handling of cases?	25.	......
26. How would you rate the cooperation of the various program staff members?	26.	......
27. - 41. To what extent did the programs provide the following services?		
27. Diagnosing problems of children	27.	......
28. Consultation with parents	28.	......
29. Educational and vocational guidance	29.	......
30. Counseling with children	30.	......
31. Group counseling	31.	......
32. Group guidance	32.	......
33. Teacher workshops	33.	......
34. Parent meetings	34.	......
35. Referral to other agencies	35.	......
36. Case conferences with school staff	36.	......
37. Improvement of classroom climate	37.	......
38. Consultation with classroom teachers	38.	......

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,		etc.
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

For each question, please respond where appropriate for both the Evening Guidance Program and the In-School Guidance Program.

Please mark responses according to code on facing page:		I Evening Guidance Program	II In-School Guidance Program
27.-41 (cont'd.)			
39. Therapy	39.	......	......
40. Remedial work	40.	......	......
41. Other please indicate:	41.	......	......
42. - 48. To what extent did the programs handle the following kinds of cases (presenting problems)?			
42. Learning disabilities	42.	......	......
43. Behavior problems	43.	......	......
44. Parent-child relationships	44.	......	......
45. Emotional disorders	45.	......	......
46. Peer relationships	46.	......	......
47. Educational or vocational problems	47.	......	......
48. Other please indicate:	48.	......	......
49. To what extent did the programs meet the needs of the children referred by your school?	49.	......	......
50. What was the reaction of the children to the services offered?	50.	......	......
51. What was the reaction of the parents to the services offered?	51.	......	......
52. What was the reaction of your staff to the services offered?	52.	......	......
53. To what extent were you able to perceive any changes in students referred to either program?	53.	......	......

Code	Possible Response Options				
0	not applicable,	cannot respond,	insufficient knowledge,	etc.	
1	not at all	in no cases	never	very badly done	unsatisfactory
2.	to a limited extent	in a few cases	rarely	poorly done	fair
3.	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

For each question, please respond where appropriate for both the Evening Guidance Program and the In-School Guidance Program.

Please mark responses according to code on facing page:

	I Evening Guidance Program	II In-School Guidance Program
54. - 60. As a result of these programs, to what extent did observable changes take place among children in:		
54. relationships with peers?	54.	......
55. relationships with teachers?	55.	......
56. personal appearance?	56.	......
57. school behavior or attitude?	57.	......
58. academic grades?	58.	......
59. standardized test scores?	59.	......
60. occupational or educational aspirations?	60.	......
61. To what extent did the activities in these programs contribute to improving the mental health climate of your school?	61.	......
62. To what extent did these programs make a contribution toward improving your staff's (teachers') attitudes toward children?	62.	......
63. To what extent did these programs enhance your staff's (teachers') understanding of guidance services?	63.	......
64. To what extent did these programs improve your staff's (teachers') acceptance of guidance services?	64.	......
65. To what extent did these programs improve your staff's (teachers') recognition of the more important presenting problems of children?	65.	......
66. What is your evaluation of the project?	66.	......
67. To what extent did the programs make the contribution that you anticipated?	67.	......

68. What have been the greatest problems, in your opinion, in the implementation of these projects?

69. What recommendations do you suggest to improve the operation of these projects?

70. What is your recommendation regarding continuation of these projects? (Please check one in each column.)

	Evening Centers	In-School Program
Continue as is	....	....
Continue with modifications	....	....
Discontinue	....	....

Please state the major reasons for your recommendations.

THANK YOU FOR YOUR PARTICIPATION IN THIS EVALUATION.

CENTER FOR URBAN EDUCATION
33 West 42nd Street
New York, New York

To: Supervisors of Projects 18A & 18B

From: Evaluating Committee, Clinical and Guidance Services to Non-Public Schools

The evaluating committee had hoped that the flexible use of the questionnaire for Evening Center Personnel by the Supervisors would enable the committee to obtain necessary information and at the same time minimize the amount of work entailed in completion of forms.

However, many supervisors have indicated that the use of the aforementioned form is inadequate for a valid evaluation of the centers or in-school programs they supervised.

A new form has been constructed, therefore, and a sufficient number is being sent to you to enable you to complete a form for each of the centers and/or in-school programs you supervised.

Since there must be conformity in the form used by supervisors, will you please complete these forms even though you have already returned a form.

Please return the forms as soon as possible to:

The Center for Urban Education
33 West 42nd Street
New York, N.Y.

Projects 18A & 18B

CENTER FOR URBAN EDUCATION
33 West 42nd St.
New York, N.Y. 10036

Evaluation Committee for Clinical and Guidance Services

Title I Projects 18A & 18B

QUESTIONNAIRE FOR SUPERVISORY PERSONNEL

Name....................................Center/School......................

Discipline.............................Employment Dates: From.......To........

Regular Position Title.......................School Level...................

Directions:

For each question on the following pages, select your response from one of the coded lists of response options shown below. Mark the code number corresponding to your choice on the line to the right of each question. Questions on the last pages require brief opinion responses. These responses will be accorded particular attention by the committee.

Code	Possible Response Options				
0	not applicable	cannot respond	insufficient knowledge		etc
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
3	to some extent	in several cases	often	done well	good
4	to a great extent	in many cases	very often	done very well	excellent

Code	Possible Response Options				
0	not applicable, cannot respond, insufficient knowledge, etc.				
1	not at all	in no cases	never	very badly done	unsatisfactory
2	to a limited extent	in a few cases	rarely	poorly done	fair
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4	to a great extent	in many cases	very often	done very well	excellent

Please mark responses according to code on facing page:

1. To what extent are you aware of the objectives of this program as stated in the project proposal? 1. ....

2. To what extent were you oriented to the specific role that you were expected to perform? 2. ....

3. To what extent were you familiar with the socio-cultural background of the student population your staff was expected to serve? 3. ....

4-5. To what extent did the staffs of your participating schools understand the aims and procedures

4. of the Center? 4. ....

5. of the In-School project? 5. ....

6-9. To what extent have you had personal contact with staff members of the:

6. participating public schools? 6. ....

7. participating non-public schools? 7. ....

8. in-school project? 8. ....

9. evening centers? 9. ....

10-12. How would you rate the communication between center staff and the staff members of the:

10. participating public schools? 10. ....

11. participating non-public schools? 11. ....

12. in-school project? 12. ....

13-16. To what extent were the services that you offered planned in cooperation with the staff members of the:

13. participating public schools? 13. ....

14. participating non-public schools? 14. ....

15. in-school project? 15. ....

16. center? 16. ....

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Please mark responses according to code on facing page:

17-20. To what extent did you experience difficulty in working with staff members of the:

17. participating public schools? 17. ....

18. participating non-public schools? 18. ....

19. in-school project? 19. ....

20. center? 20..........

21. To what extent did the public schools make use of Center services provided? 21. ....

22. To what extent did the non-public schools make use of the services provided? 22. ....

23-37. To what extent did the personnel you supervised perform the following services:

23. Diagnosing problems of children 23. ....

24. Consultation with parents 24 ....

25. Educational and vocational guidance 25. ....

26. Counseling with children 26. ....

27. Group counseling 27. ....

28. Group guidance 28. ....

29. Teacher workshops 29. ....

30. Parent meetings 30. ....

31. Referral to other agencies 31. ....

32. Case conferences with school staff 32. ....

33. Improve classroom climate 33. ....

34. Consult with classroom teachers 34. ....

35. Therapy 35..........

36. Remedial work 36. . ...

37. Other: please indicate 37. ....

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Please mark responses according to code on facing page:

38-44. To what extent did the personnel you supervised handle the following kinds of cases (presenting problems):

38. Learning disabilities 38. ....

39. Behaviour problems 39. ....

40. Parent-child relationships 40. . ...

41. Emotional disorders 41 ....

42. Peer relationships 42. ....

43. Educational or vocational problems 43 ....

44. Other: please indicate 44. .. ..

45. To what extent were the physical facilities conducive to a good working environment? 45. ....

46. To what extent were the necessary supplies and equipment available for use? 46. ....

47. To what extent does the Center's location facilitate contact with the prospective clients? 47. ....

48-52. To what extent were your daily hours of work conducive to effective contacts with the:

48. center staff 48. ....

49. in-school project 49. ....

50. participating public school staff 50. ....

51. participating non-public school staff 51. ....

52. outside agencies 52. ....

53-56. To what extent did your weekly time schedule allow you to make effective contacts with the:

53. center staff 53. ....

54. in-school project staf 54. ....

55. participating public school staff 55. ....

56. participating non-public school staffs 56. ....

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Please mark responses according to code on facing page:

57. To what extent were the referral forms adequate for proper handling of the cases? 57. ....

58. How would you rate the qualifications of the center staff members as a group? 58. ....

59. How would you rate the cooperation of the center staff members as a group? 59. ....

60. How would you rate the qualifications of the in-school project staff? 60. ....

61. How would you rate the cooperation of the in-school project staff? 61. ....

62. To what extent was your supervisory consultation available on a regular basis to your staff? 62. ....

63-66. To what extent did you perform the following supervisory services:

63. supervision of professional work with clientele? 63. ....

64. supervision of administrative procedures? 64. ....

65. consultation on inter-disciplinary relationships? 65. ....

66. Other: please indicate 66. ....

67. To what extent do you feel the Center met the needs of children referred? 67. ....

68. To what extent was your staff able to follow up cases that were referred or treated? 68. ....

69. How did the teachers of referred children react to the services offered? 69. ....

70-73. To what extent did the psychiatrist contribute to the:

70. center staff 70. ....

71. children 71. ....

72. parents 72. ....

73. supervisors 73. ....

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Please mark responses according to code on facing page:

74-75. How would you evaluate the over-all services rendered by the:

74. center 74. ....

75. in-school project 75. ....

76. How would you define the role of the supervisor in projects of this nature?

77. To what extent were you able to fulfill the role you defined?

78. What were the greatest strengths, in your opinion, of the project?

79. What have been the greatest problems, in your opinion, of the project?

80. What recommendations do you suggest to improve the operation of the project?

81. What is your recommendation regarding continuation of the Evening Centers? (Please check one)

Continue as is __________

Continue with modifications __________

Discontinue __________

Please state the major reasons for your recommendations concerning Evening Centers:

82. What is your recommendation regarding continuation of the In-school Project? (Please check one)

Continue as is __________

Continue with modifications __________

Discontinue __________

Please state the major reasons for your recommendation concerning the In-school Project?

THANK YOU FOR YOUR PARTICIPATION IN THIS EVALUATION.

APPENDIX C

Staff List

Dr. Dorothy Davis Sebald, Evaluation Chairman
Professor and Coordinator, Area of Special Services
Teacher Education Program
Hunter College of the University of New York

Dr. Robert E. Doyle
Associate Professor and Chairman, Department of Counseling Education
St. John's University

Dr. Gordon Fifer
Professor, Psychological Research and Evaluation
Assistant Director, Undergraduate Teacher Education Program
Hunter College of the University of New York

Dr. Bernard Katz
Associate Professor, Guidance and School Counseling
School of Education
New York University

Dr. Bertram Kirsch
Clinical Psychologist
Former Director of Psychological Services for the Evaluation and Counseling Program for Retarded Children
Connecticut Health Department

Dr. John D. Van Buren
Assistant Professor, Department of Counselor Education
Hofstra University